

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PD-875)**

APPLICATION NO. **072 834** FILING DATE **11-1-84**
 APPLICANT(S) **...**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	7					
TOTAL DEP.	20					
TOTAL CLAIMS	27					
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